

**SAMPLE REFERRAL FOR ASSESSMENT LETTER**

Date: \_\_\_\_\_

School district in which home is located: \_\_\_\_\_

Dear (School Official):

I am/we are the parent(s) of \_\_\_\_\_, born on \_\_\_\_\_, who I/we believe has learning problems requiring special education assistance available to him/her within the \_\_\_\_\_ District. **(State your specific concerns regarding your child. Attach any work samples/test scores/ Progress Reports/SLAs-Report Card that will support your concern.)** This has been documented through interventions developed to help my/our child within his/her classroom. My/our child has not previously received special education services.

I/we am writing to make a referral for assessment to evaluate whether my/our child qualifies for special education services within your district under both federal and state law. It is understood by this request that a full assessment will be completed including academic, aptitude and processing functioning (within the suspected disability areas). I/we understand that it is unlawful for the district to discriminate against my/our child because of his/her disability or current private school placement.

I/we understand that I/we should receive an assessment plan within 15 days as required by law. After I/we receive this plan and I/we agree to it in writing, I/we understand that an Individualized Education Plan meeting will be held within 50 days to discuss the results of the assessment and possible placement options.

I/we understand that in the event my child does not qualify for special education services under the Individuals With Disabilities Education Act, but is identified under Section 504 of the Rehabilitation Act of 1973, appropriate accommodations in his/her regular classroom educational program will be suggested.

If you have any questions, please feel free to contact me/us. Thank you for your cooperation with this process. I/we look forward to hear from you in a timely manner.

I give my permission for communication between the Local Education Agency of Attendance and the Local Education Agency of Residence.

Sincerely,

\_\_\_\_\_  
Parent(s) Signature(s)

\_\_\_\_\_  
Parent(s) Printed Name(s)

Parent(s) Address \_\_\_\_\_

Parent(s) Home and Work Phone Number(s) \_\_\_\_\_